

MAINE DEPARTMENT OF LABOR
Bureau of Unemployment Compensation – Tax Division
19 Union Street, P.O. Box 259
Augusta, ME 04332-0259

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS:

That _____
(owner or member)

UI Account No. _____ of _____
(business name)

does hereby constitute and appoint _____
(designated authority)

_____ its true and lawful attorney in fact with full power and authority to
represent _____
(business name)

before the Maine Department of Labor, Bureau of Unemployment Compensation, effective immediately and until this authority has been revoked in writing in connection with any and all matters as indicated below:

- ☐ 1. The filing of completed forms, including claims for refund or adjustment of account, employer's appeal of benefit claims, assessments, liability or status determinations, contribution rate, wage record reports and related information.
- ☐ 2. The payment of contributions and any penalties and interest assessed on the account.
- ☐ 3. The obtaining of all account information required and authorized by the Maine Employment Security Law.
- ☐ 4. All matters affecting the experience record and contribution rate of the account.
- ☐ 5. The discussion of any or all of the foregoing with authorized agents of the Maine Department of Labor, Bureau of Unemployment Compensation.

IN WITNESS WHEREOF, the said _____
(owner or member)

has caused this instrument to be duly attested by the signature of its duly qualified officer this _____ day
of _____, 20____.

Company Name	By	Title
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STATE: _____

COUNTY OF _____, _____, 20____

Then, personally appeared the above named _____
whose title is _____ and acknowledged the foregoing instrument to be
his/her free act and deed in his/her said capacity.

Notary Public	Type or Print Name	My Commission Expires
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